## Chesterfield Cooperative Extension A partnership between Chesterfield County and VA Tech & VA State Universit



## **Laboratory Record for Insect and Arthropod** Identification

Name:		☐ Arborist ☐ Commercia ☐ Farmer ☐ Golf cours ☐ Governme	е	☐ Home ☐ Nurse ☐ Land	☐ Greenhouse grower ☐ Homeowner ☐ Nurseryman ☐ Landscaper ☐ Schools		
Address:			Today's	Date:			
City, zip code:				MG or staff receipt of s			
Phone:		How was sample		☐ Site visit	☐ Mailed		
Email:						☐ Delivered	Library
. Plant Information (ample 1 ample 2		Species			Varietal or Common Name		
. Site Information ffected Parts		o or Symptom	Distribut	tion	Loca	ation	
entire plant	General Appearance chewing injury	frass	one p			ealer	landscape
flowers	cupping	galls		% affected		eld / farm	lawn / turf
fruit	decline	hole(s)	scatte			rest	nursery
Huit		leafspot		n variety		arden	orchard
seed	i detoliation		Contai		9	araorr	
seed	defoliation die-back			ral	a	reenhouse	i i tree tarm
leaf / petiole	die-back	mosaic	genei			reenhouse vdroponics	tree farm
leaf / petiole stem / branch	die-back distortion	mosaic stippling	gener	/	h	ydroponics	vineyard
leaf / petiole	die-back distortion dwarfing	mosaic stippling stunted	genei	/	h		1 1
leaf / petiole stem / branch trunk / crown	die-back distortion	mosaic stippling	gener heavy 100% unkno	/	h	ydroponics	1 1
leaf / petiole stem / branch trunk / crown bulb / tuber	die-back distortion dwarfing exudate/ooze	mosaic stippling stunted wilting	gener heavy 100% unkno	o o own	h	ydroponics	1 1
leaf / petiole stem / branch trunk / crown bulb / tuber	die-back distortion dwarfing exudate/ooze fasciation	mosaic stippling stunted wilting wound	gener heavy 100% unkno	o o own	h	ydroponics	1 1
leaf / petiole stem / branch trunk / crown bulb / tuber roots  Infestation infor Specifics	die-back distortion dwarfing exudate/ooze fasciation	mosaic stippling stunted wilting wound	gener heavy 100% unkno	o o own	h	ydroponics	1 1
leaf / petiole stem / branch trunk / crown bulb / tuber roots  Infestation infor Specifics residence	die-back distortion dwarfing exudate/ooze fasciation  mation Location internal	mosaic stippling stunted wilting wound yellowing	gener heavy 100% unkno	o o own	h	ydroponics	1 1
leaf / petiole stem / branch trunk / crown bulb / tuber roots  Infestation infor Specifics residence building	die-back distortion dwarfing exudate/ooze fasciation  mation Location	mosaic stippling stunted wilting wound yellowing  Life stage(s) adult egg	gener heavy 100% unkno	o o own	h	ydroponics	1 1
leaf / petiole stem / branch trunk / crown bulb / tuber roots  Infestation infor Specifics residence building human body	die-back distortion dwarfing exudate/ooze fasciation  mation Location internal	mosaic stippling stunted wilting wound yellowing  Life stage(s) adult egg larva	gener heavy 100% unkno	o o own	h	ydroponics	1 1
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leaf / petiole stem / branch trunk / crown bulb / tuber roots  Infestation infor Specifics residence building human body	die-back distortion dwarfing exudate/ooze fasciation  mation Location internal external	mosaic stippling stunted wilting wound yellowing  Life stage(s) adult egg larva	gener heavy 100% unkno	o o own	h	ydroponics	1 1
leaf / petiole stem / branch trunk / crown bulb / tuber roots  Infestation infor Specifics residence building human body animal	die-back distortion dwarfing exudate/ooze fasciation  mation Location internal external	mosaic stippling stunted wilting wound yellowing  Life stage(s) adult egg larva	gener heavy 100% unkno	o o own	h	ydroponics	1 1
leaf / petiole stem / branch trunk / crown bulb / tuber roots  Infestation infor Specifics residence building human body animal	die-back distortion dwarfing exudate/ooze fasciation  mation Location internal external	mosaic stippling stunted wilting wound yellowing  Life stage(s) adult egg larva	gener heavy 100% unkno	o o own	h	ydroponics	1 1

## LABORATORY WORKSHEET

Diagno	ostic procedures:								
1	Gross examination					7	Consult		
2	Gross dissection						8	Literature search	า
3	Stereomicroscopic exa	mination					9		
4	Stereomicroscopic disa						10		
5	Compound microscopy	nicroscopy					11		
6	Rearing chamber								
Date	Sample #1						lo #2		
Date	Sample #1					Sampl	10 #Z		
Identif	ication / diagnosis:								
A					А				
В					В				
С					С				
Recom	nmendations:								
А					А				
В					В				
С					С				
D					D				
-	10								
Record	d Completion Information								
	Reported to:								
	Reported by:						_	_	_
	Reported via:	☐ Email	☐ Fax	☐ Mail	☐ Phon	ne [	☐ Voicer	nail	□Text
	Date closed:								
	Disposition of record:	☐ to Sherry	☐ to Ash	ley □ to N	like				